

CONFIDENTIAL PATIENT INFORMATION & CONSENT FORM



Have you been a patient at this clinic before? Yes No

Title: Mr Mrs Ms Master Miss Other:

Given Name:

Surname:

Preferred Name:

DOB:

Day Month Year

Home Address:

Street

Suburb

State

Postcode

Postal Address: (if different to Home Address)

Street

Suburb

State

Postcode

Contact:

Home Phone

Work Phone

Mobile

@

Email

Next of Kin/ emergency contact NAME

Relationship to you - ie: WIFE, BROTHER

Next of kin's telephone Number

Local Doctor

Referring Doctor

Do you have Private Health Insurance? Yes No

Are you coming with an EPC referral? Yes No

With EXTRAS/ANCILLARY cover? Yes No

If yes, please make sure you have presented your referral to reception prior to appointment and have completed your Medicare information below.

If YES, which health insurance company do you use?

Medicare No. PLEASE FILL OUT ALL 10 NUMBERS

Personal Ref No.

Health fund No.

Personal Ref No.

Expiry:

Concession Card No.

Please tick: Veterans Affairs Pension Health Care Seniors (issued by Centrelink)

Expiry:

How did you hear about Blue Mountains Podiatry? (please tick)

Other: please write

Website/Internet

Yellow Pages

Newspaper

Doctors' Referral

Passing By

Banner

Friend/Family Member

FEE SCHEDULE:

- Initial Consultation (All patients) from \$80.00
- Standard Consultation/EPC from \$73.00
- Pensioner Rate Standard from \$68.00 (excludes Biomechanical Assessment and EPC)

- Long Consultation/EPC (all patients) from \$96.00
- Pro-Long Consultation/EPC (all patients) from \$136.00
- Biomechanical assessment from \$148.00
- **Non-attendance/late cancellation Fee - charged at STANDARD CONSULTATION FEE rate**

Fees are dependent on a number of factors including: the length of consultation, the service being provided and, if applicable the form of referral. Fees are payable at the time of your consultation via EFTPOS, cash, credit card, private health cover or through third party arrangement. For convenience, patients being seen under an EPC referral can have their Medicare rebate processed after the consultation via EFTPOS. Without an EFTPOS card, claims can be made by the individual directly to Medicare.

NON-ATTENDANCE/LATE CANCELLATION POLICY

If for some reason you need to cancel or reschedule your appointment, Blue Mountains Podiatry requires a minimum of 24 hours notice. If you miss or cancel your appointment with less than the required notice time, a cancellation fee will be payable to cover associated expenses, and is payable prior to your next appointment. **THIS FEE IS NOT COVERED BY COMPENSABLE BODIES AND MUST BE PAID BY THE PATIENT.** People who repeatedly miss or reschedule appointments will regrettably be discharged from care.

I, (please print) _____ have read and understood the above Fee Schedule and Non-Attendance/Late Cancellation Policy. I agree to the conditions for the service provided by Blue Mountains Podiatry.

Patient Signature: _____ Date: _____/_____/_____

CONFIDENTIAL PATIENT CASE HISTORY



Given Name:

Surname:

As a podiatry practice providing comprehensive care, we focus on your ability to be healthy. Our goals are: firstly, to address the issues that brought you to this practice; secondly, to treat the cause of your condition (not just treat the symptoms or place a temporary patch over your condition); and thirdly, to offer you the opportunity of improved health potential and wellness services in the future. On a daily basis we experience physical, chemical and emotional stresses that can accumulate and result in serious loss of health. Most times the effects are gradual: not even felt until they become serious.

It is important to have a good overview of your entire health. Some disorders and diseases can affect foot health without your knowledge. Answering the following questions will give us a profile of your health and help your Podiatrist to ensure the best possible treatment is given to you.

What is your major problem?

How long have you had this problem?

Have you had this or a similar problem in the past?

If you are experiencing pain, please tick the words that best describe your pain:

- Constant
- Comes and goes
- Intensity varies
- Intensity doesn't vary
- Sharp
- Shooting
- Achy
- Travels
- Radiates

Do you get?

- Pins and needles
- Tingling
- Numbness
- Weakness

Interferes with:

- Work
- Sleep
- Hobbies
- Leisure

What makes it worse?

- Sitting
- Standing up from a chair
- Walking
- Other

Since the problem started is it:

- About the same
- Getting better
- Getting worse

What type of work do you do?

Other health professionals seen for this problem (please list):

- Medical Doctor
- Specialist Doctor /Surgeon
- Chiropractor
- Other

List any MEDICATIONS you are taking

List your ALLERGIES

Have you ever taken oral cortisone or prednisone (including asthma medications such as pulmicort, symbicort, flixotide & seretide)? Yes No

Are you pregnant? Yes No

Do you have or have you ever had: (please tick)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> An aneurysm | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Cartilage injuries |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Cancer | <input type="checkbox"/> Reiter's arthritis | <input type="checkbox"/> Ligament injuries |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Spinal trauma | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Strokes | <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Spinal fracture | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ankylosing spondylitis | <input type="checkbox"/> Spinal surgery | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> A pacemaker | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Dislocations | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dementia | | <input type="checkbox"/> Osteoarthritis | |

Patient's Signature:

Date:/...../.....